No

#### properly classified. pinous INK-THIS AGE carefully supplied. UNFADING that WITH terms, on back pinoda PLAINLY. Information DEATH WRITE Jo 0. CAUSE Every

state Very

PHYSICIANS should of OCCUPATION IS

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Instructions

See

Important.

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ARENTS

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15

RECORD

PERMANENT EXACTLY.

V

1 PLAC	CE OF DEATH
County M	ontymus
Village or Cit	Brighter
* FULI	NAME JA
PERSO	NAL AND STATIST
Male	Acolor or RACE
DATE OF BIRTI	mo
	(Month
AGE	

BOCCUPATION

(a) Frade, profession, or

(b) Geoeral nature of Industry, business, or establishment to

which employed (or employer)

particular kind of work

<sup>9</sup> BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14THE ABOVE IS

(Informant)

OF MOTHER

4050

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

0 1100.	St.; Ward) [If death occurred le a hospital or Institution give its NAME lostead of street and number.]
The state of the s	MEDICAL CERTIFICATE OF DEATH
NAL AND STATISTICAL PARTICULARS	
Regn 6 SINGLE, MARRIEO, WIDOUED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
Moh 4 1913 (Month) (Day) Year)  If LESS than 1 day,	that I last saw h was alive on Africa 19 am, 1914, and that death occurred on the date stated above, at 1 am.
or	The CAUSE OF DEATH* was as follows:    Trucks
Industry, inhment to mployer)	Contributory (Duration) yrs. mos. 4 ds.
" Brighton, ma	(Secondary) (Deration) yrs mos ds.
Les askins	(Signed) & Harriand, M. D. 4/19, 1894 (Address) Porokiville 1 Mil
NAME D. B	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
CE ER UNITY Montym Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 10 the of death yrs mos ds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
Bryklen me.	Sharp St. Cemelery DATE OF BURIAL 4/20, 1914
1914 M. F. Freau, Me, D. Dely, Local REGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrat	- I I I I I I I I I I I I I I I I I I I

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthfulwho receive a definite salary), may be entered as mine, elc. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "Purspersal septichaecause of death approved by Committee on Nomenclascpsis, telanus) may be stated under the head "Contributory." (Recommendations on statement by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUEEPPEAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritia mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," \_ (name origin; "Can-Never report Hor VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

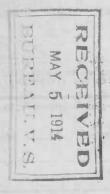
	PLACE OF DEATH 4051	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	Per Renda	Registration Dist. No. 2/6
Vil	2FULL NAME alyandes How	St.; Ward)  St.; Ward)  St.; Ward)  Sau Blace  of street and numbor.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Wale Color or RACE 5 SINGLE, MARRIED, Manuel ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH Corl 22, 1914 (Year)
5 D.	ATE OF BIRTH Sau H 18511	Jan 19 1914 to affile 22, 1914
7 A	It been than	and that death occurred on the date stated above, at 70 Pr
	60 yrs mos 18 ds. or min.?	The CAUSE OF DEATH * was as follows
(a) pa: (b)	CCUPATION ) Trade, protession, or Jaouer ritcular kind of work.  General nature of industry,	Gastre Cacer
	iness, or establishment in ch employer)	(Duration)yrsemosc
9 B1	(State or country) Besteesda Manty & need.	Contributory Contributory Secondary Coursing Vrs. mos
S	10 NAME OF Bleyander H. Blan	(Signed) John & Veers M.
ARENT	11 BIRTHPLACE OF FATHER (State or country) Manify Ce. Mid.	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PAF	13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
14 -	OF MOTHER (State or country) WILLIAM  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the ot death yrs mos ds. State yrs mos d
	(Informant) Mrs. A HB Raw	It not at place of death?
16 Fil	ed 4/24 1914 John L. Lewis nun	FORST GLEW PURE 4 75, 191 -
	REGISTRAR	wy lumphey fou Rackerlle
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Malto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia." unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tctanus) may be stated under the head of Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debillty" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



V. S. No. 1.

#### RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

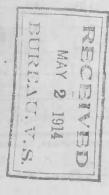
OAA +	STATE OF MARILAND
County Hong	CERTIFICATE OF DEATH
Marking to Man	Registration Dist. No. 2
Village or City // WANNOY WY WOO (No	St.; Ward) a hospilal or Institution,
*FULL NAME Hargard, Phillis	Oscadnick give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamak Lalons Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	March 28, 1914 to afund 1, 1914,
(Month) (Day (Year)	that I last saw h Dan alive on March 2 8 1916.
7 AGE If LESS than	and that death occurred on the date stated above, at, m,
1 day,hrs.	The CAUSE OF DEATH* was as follows:
" Mos ds. OR Min. ?	Brenchid Rumani
(a) Trade, protession, or	
particular kind of work	
business, or establishment in which employed (or amployar)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory
	Secondary (Duration) yrs mos ds.
10 NAME OF Josenza Broadnick	(Signed) EH Et chijus , M. D.
of Father	, 1914 (Address) Gallerson
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Haggir Wavel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Jessey Lavel	Former or usual residence.
(Address) authorsburg Hd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Cerry Hune 7/2", 1814
Filed Shall, 1914 Q. h. Gtonum M. A. REGISTRAR	20 UNDERTAKER COLINE SOUTHERS
If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional liuc is provided for the latter statement; the nature of the business or fudustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pheumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculers of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Meastes; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Seuilc," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



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N.B.

1 PLACE OF DEATH

County Montgomery	CERTIFICATE OF DEATH  Registration Dist, No.22/
Village or City Claggettsville (No. 2FULL NAME Ola Brown	St.; Ward)  [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JEmale White Single, Marrieo, Wilower, Orphyorceo (Write the word)	16 DATE OF DEATH  Afril 2012, 1914  (Month) (Day) (Year)  17 Afril 1612, 1914, to Afril 7012, 1914
Gelr. 8 , 18 (Month) (Day) (Yes	9th april 20th 113 AM.
AGE   If LESS   1 day,	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Nove particular kind of work	Epilefley  (Duration) 16 yrs. 7 mos. 4 o
which employed (or employer)  BIRTHPLACE (State or country)  Manual Grand Company (State or country)	(Ouration) yrs. mos.
FATHER Columbers Brown	(Signed) (Albert Nice), M. alery, M. air, M. Address)
OFFATHER (State or country) Montgomery les.  12 MAIDEN NAME Sallie Phillips	CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Howard Leo. M.	, , , , , , , , , , , , , , , , , , ,
(Intermant) Solice W MOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Mr. Wirg Md.	Howard Shaf bein april 22, 1914
Filed, 191	Basil Wordownau Mt airs me

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. - Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, For persons (0)

Statement of cause of death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman scotichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Traemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras. thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_ Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seniie," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," \_ (name origin; "Can death), 29 ds .: State cause for Examples: For vio-0



Very

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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7

PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT EXACTLY. 4 classified. should UNFADING INK-THIS properly AGE supplied. pe may carefully that PLAINLY, WITH pe plain terms, should of information 드 DEATH CAUSE OF Important. m ż

#### certificate. 000 See Instructions on back

3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

6 OCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

1D NAME OF FATHER

(b) General nature of Industry, business, or establishment in

which employed (or employer) ....

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

(Addrès

LACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE.

MARRIED, WIDOWED, ORDIVORCED (Write the word)

(Day

4 COLOR OR RACE

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of sfreet and number. 1

If L

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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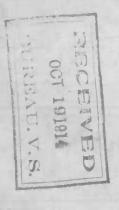
MEDICAL	CERTIFICATE	OF DEATH
16 DATE OF DEATH	(Month)	(Day (Year)
	CERTIFY, Tha	l lattended deceased from
that I last saw harmall all		ad above at
The CAUSE OF DEATH*	was as follows:	
marjose		· Jacean)
	(Duration)	yrs. mos d ds.
Secondary Secondary		
(Signed) O. h.	Kim il	yrs mos ds.
*State the DISEASE CAUSES, State (1) MEAN TAL, SUICIDAL, OF HOMIC	AUSING DEATH, ORS OF INJURY;	or, in deaths from VIOLENT and (2) whether ACCIDEN-
16 LENGTH OF RESIDENC OR RECENT RESIDENTS) A1 place of death mos. Where was disease contracfed, If not at place of death?	In the	S, INSTITUTIONS, TRANSIENTS,
Former or usual residenca	***************************************	
19 PLACE OF BURIAL OR		DATE OF BURIAL
20 UNDERTAKES		ADDRESS

[Approved by U. S. Consus and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

thenia," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioby earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death). 29 ds.; (Recommendations on statement of State cause for Never report



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#### RECORD PERMANENT THIS UNFADING PLAINLY,

state Very VSICIANS Should OCCUPATION IS PHYSICIANS jo Exact statement classified. properly pe supplied. may certificate. that 80 ō back terms. hould plain instructions Information = EATH 90 0 PO item Every item CAUSE OF Important. m

10 NAME OF FATHER

ARENT

15

Filed.

11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

THE ABOVE IS TRUE TO

(State or country)

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCEO
(Write the word) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Secondary

> .. 19t ..... (Address)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE

	OR RECENT RESIDENTS) Al place In ot death yrs. // mos ds. Where was disease contracted, It not at place of death?	n the State S. 9 yrs mos ds
li	Former or 17 14	// /

usual reside	nce	J. Auch	GALLell Ding.	N.C.
19 PLACE	OF BU	RIAL OF	REMOVAL	DATE
	12-			131

PLACE OF BURIA	- OR REMOVAL	DATE OF BURIAL
rear Procks	Ile Md	april 4 1
	/	

20 UNDERTAKER

..., 191.4 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

OF MY KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (6)

> nus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



V. S. No. 1.

N. B.

A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD

4051

	PLACE OF DEATH	STATE OF MARYLAND		
	ounty Moulanuxy	CERTIFICATE OF DEATH		
Co	ounty Trouble of the Con-	Registration Dist. No. 219		
	411	Registration Dist. No.		
VI	liage or City / block (No. (No.	St.; Ward)   If death occurred in		
		a hospital or lostitution, give its NAME instead		
	(V) X	nt ctreat and number 1		
	FULL NAME MAYES THUTY	VYramer.		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 9	EX 4 COLOR OR RACE 5 SINGLE,	O DATE OF DEATH		
	Mal. Will WHOMED Warked	(Month) (Day (Year)		
	Male. While woods	17   HEREBY CERTIFY, Theul attended deceased from		
6 D	ATE OF BIRTH	March 24 mix a Chart 1" cont		
	May - 18/02.	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
	(Month) (Day (Year)	that I last saw h A slive on 191		
TA	GE If LESS than	and that death occurred on the date stated above, at 1 7 n		
	52. 1 day,hrs.	The CAUSE OF DEATH* was as follows:		
-0	yrs mos ds. OR min. ?	0 1 0		
	OCCUPATION  1) Trade, profession, or	-evertel facuory hage		
pa	articular kind of work 10000 10000	A selection of the sele		
(b	) General nature of industry, siness, or establishment in	4.		
W	nicss, or establishment in nich employed (or employer)	(Duration) yrs mos. D		
	(State or country) M (1)	Contributory a alysis		
	(State or country)	Secondary		
	10 NAME OF 10 00	(Doration) yrs mos D d		
	FATHER John C. L. Geauch.	(Signed) 1. You b		
S	11 BIRTHPLACE	Upril 2", 191 & (Address) Notoria: Md.		
PARENTS	(State or country) World Co. M. A.			
RE	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
PA	OF MOTHER MUCH Selby	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT.		
	13 BIRTHPLACE	OR RECENT REGIDENTAL		
	OF MOTHER (State or country)	at place of death yrs mos ds. State yrs mos d		
14	THE ABOVE IS THE BEST OF MY KNOWLEDGE	Where was disease contracted,		
	My Bauer.	If not at place of death?		
	(Informant)	Former or usual residence		
	(Address) Tolomac, N.d.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL		
15	(AUUICOO)	N. 1 111.03"		
	18d Work 2" 191 x Mrs N Syrie	20 UNDERFAKER ADRESS		
F	led Work 2" 191 4 Was 13 Mills  Del Street REGISTRAR	MANUEL Sum Rockies. No		
	WALEST AND THE CAN DESIGNATION OF THE CONTRACT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Preeise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of Never report



OF OCCUPATION IS VERY RECORD statement PERMANENT EXACTLY. Exact stated ciassifled. pinous THIS properly AGE N supplied. be UNFADING may certificate. carefully that It 20 0 WITH be back terms, pinous 0 PLAINLY. of information shall be DEATH in plain to See Instructions o WRITE

PLACE OF DEATH

County My

9 BIRTHPLACE (State or country)

3 SEX

7 AGE

PARENTS

CAUSE OF important.

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4055

#### STATE OF MARYLAND CERTIFICATE OF DEATH

County Montgomery	Registration Dist. No. 222	
Village or City Lindles (No,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE, Wichowed White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from	
Month) (Day) (Year)	that I last saw h. lr. allve on april 30 , 1914	
56 yrs. 3 mos. ds. or min.?	and that death occurred on the date stated above, at 7:31 P. m.  The CAUSE OF DEATH* was as follows:  Antero Satural Sclerosis of Spinal Cond Spartia Paraplegia	
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. 7 mos. ds.	
(State or country) Pennsylvania	(Secondary)  (Duration)	
10 NAME OF FATHER James N. Davis  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) A Thoulett, M. D.  (S	
of MOTHER Mary E. Jones  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disaase contracted, If not at place of death?	

(Address)

15 Defruty

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

usual residence

ADDRESS

DATE OF BURIAL

If more blanks are peeded, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipality of the death of the d

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S. No. 1.

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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement stated EXACTLY. AGE See instructions on back of information CAUSE OF Important.

1 PLACE OF DEATH

County-

4056

#### STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dis	t. No.
Vil	Page or City Lasthersburg (No. , Page 18 18 18 18 18 18 18 18 18 18 18 18 18	Nay St.; Ward)	[if death occurred in a hospital or Institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 s	4 COLOR OR RACE SINGLE, MARRIED, WIOWED, WIOWED, OR DIVERCED (Write the word)  ATE OF BIRTH  ALLS  4 COLOR OR RACE  5 SINGLE, MARRIED, WIOWED,	18 DATE OF DEATH (Month)  17 I HEREBY CERTIFY, That  191, to	(Day (Year)  attended deceased from
7 A	(Month) (Day (Year)	that I last saw h.M. allve on	2 4 191 4
- A	ge tf LESS than 1 day,hrs.	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, atm
(a pa (b) bus wh	CCUPATION ) Trade, profession, or ricicular kind of work ) General nature of industry, siness, or establishment in lich employed (or employer)  IRTHPLACE (State or country)	Interstitial nepl  (Ouration)  Contributory Cartic Regues  Secondary	getalin
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)	
Δ.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.	Lyrs, mos. de
	(Informant) I sself day	If not at place of death?  Former or usual residence.  Manylang	/ / /
15	(Address) July albung XVIII	9 PLACE OF BURIAL OR SEMOVAL	DATE OF BURIAL
EH	an may 1 1014 a. h. Cita hum no so	20 UNDERTAKER	ADDRESS A

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: IENT NEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. sepsis, tetanus) Accidental drowning; Struck by railway train-acei ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 2 1914
BURBAU, V.S.

Eyery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 UNFADING INK-THIS IS TO T RESERVED WRITE PLAINLY, WITH MARGIN ÷.

No.

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N. B.

	PLACE OF DEATH 4057	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	ounty Mous/oulry	Registration Dist. No. 212
v	illage or city Pooles ville (No.	St.; Ward) [It death occurred in a hospital or institution
	FULL NAME Effin Charles	Flutore give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 5 8	Vale Mule STINGLE, MINDOWED, WIDOWED, WILL (WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH Office (Month) (Day) (Year)
6 D.	ATE OF BIRTH March 12, 1833	that last saw h we alive on And 5
7 AC	(Month) (Day) (Year)  GE   It LESS than	and that death occurred on the date stated above, at 10,36 m
	82 yrs. 0 mos. 3 4 ds. 0R min.?	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, profession, or  Would	Wittel Rig_
1	rticular kind of work	J. Unhabure
	iness, or establishment in ich employed (or employer)	(Duration) yrs mos ds.
9 B1	(RTHPLACE tate or country) Voudou Co. Verfuia	(Secondary)  Solid  Contributory  (Secondary)  (Secondary)  (Ouration)  (Ouration)  (Ouration)  (Ouration)  (Ouration)  (Ouration)  (Ouration)  (Ouration)
	10 NAME OF Pilliam Simon Eline	(Signed) Anhus N. Manu & - M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCURE.
PAR	of Mother Mary Parrell	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  Millinia	At place In the ot death yrs mos ds. State yrs mos ds
	(Interment) The the the the Manue	Where was disease contracted, It not at place of death?  Former or usual residence.
15	(Address) Poplesville, Med.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	led Chole 1914 Ewakies REGISTRAR	20 UNDERTAKER ADDRESS
=	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust 1; and therefore an cases, especially in industrial employments, it is nec-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But ln many "Foreman."

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carciniosis of lungs, meninges, peritonaeum, etc...

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal acptichae mus," "Old Age," "Shock," "Traemia," "Weakness," "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. near neoplasins); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial aephritiv oma. Sarcoma. etc., of ... Is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," \_\_ (name origin; "Can-Never report Examples: 0



V. S. No. 1.

PHYSICIANS should state to of OCCUPATION is very	
N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

County Montgomery	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Bethesda (No,	St.; Ward)  [It death occurred in a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acuale Color of RACE Single,  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Nonth)  (Year)
6 DATE OF BIRTH  (Morgh) (Day (Year)	that I last saw h w alive on Color of 1914.
7 AGE   It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 0 m, The CAUSE OF DEATH* was a Pollows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in	
which employed (or employer)  BIRTHPLACE (State or country)  Urquin	Contributory August Teeffoseel Secondary  (Duration) yrs mos ds.
10 NAME OF FATHER Bab Watson 11 BIRTHPLACE	(Signed) John L. Lewy M. D. 4/1/, 1914 (Address) Berlies La Hel
11 BIRTHPLACE OF FATHER (State or country) haurlay. Va  12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Culpepper Va	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos ds.
THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE (Informant) Alfred Wilson	Where was disease contracted, Varquies  It not at place of death?  Former or usual residence.  Uniquies
(Address) Beshesda md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Se Merial General 4 / 1 ( , 1914
Flied 4 1914 Thee Celevis VIII REGISTRAR  If more blanks are needed, address State Registration of the state	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing neath, state occupation at beginning of illbeen changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report Ex-



RECORD	PHYSICIANS should to of OCCURATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
WRITE PLAINLY, WIT	Every Item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.

14 THE ABOVE

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esvelle

REGISTRAR

State

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2200 Tif death occurred ia -Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED. widoweo, Manne ordivorceb (Write the word) (Month) (Dav I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH A alive on U (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at... 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which amployed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF (Signed' ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OT HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE OF MOTHER (State or country)

At place	in the	
of death yrs mos.	ds. State	yrs, de
Where was disease contracted, if not at piace of death?	Epring Lied	asylum
Former or A	1 00 1	/

Former or usual residence	Tealls vill	o mid
19 PLACE OF BURI	AL OR REMOVAL	DATE OF BU

Beausalle	ma.	
20 UNDERTAKER	10	

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For VIO-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING N. B.

PLACE OF DEATH 4060	64 STATE OF MARYLAND
County Moulgoning	CERTIFICATE OF DEATH
	Registration Dist. No. 910
Village or City Willy (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead
* FULL NAME Softhia / King	g Nachett of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, Grilowell Wiooweo, Grilowell (OROIVERCEO (Write the word)	16 DATE OF DEATH Of (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH October 31 - 182)	apr/2 1914, to apr 15 , 1914
7 AGE (Nonth) (Day) (Year)	that I last saw here alive on alpha 10 1114
Q 7 1 day,hrs.	and that death occurred on the date stated above, at
7 yrs. 5 mos. 15 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.	T majouxe gra
	244444
(h) General nature of Industry, business, or establishment in	(Duration) Q yrs Q mos H ds
which employed (or employer)	Contributory Serili Try
9 BIRTHPLACE (State or country) Thoulas Co.	(Secondary)
10 NAME OF	(Duration) yrs mos ds.
FATHER Ges. King	(Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) Thoulg, &	apr 10 , 191 4 (Address) - Gartherslung
M 12 MAIDEN NAME -	Vestate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
a of MOTHER Harrett Coolen	16 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSITALS
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	Where was disease contracted,
(Interment) Massive King	It not at place ot death?————————————————————————————————————
(Address) Gaithersburg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
18 April 18 Black Fargulian)	Sandy Shows as about \$ 1914
Filed apa/6, 1914 Hyperson	20 UNDERTAKER ADDRESS
Fold REGISTRAR	ses, Sworden Brookevelle
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the diberable Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Purrperal scottcharmia," "Purrperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. valvular heart disease; Ohronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chronical ter" is loss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of "Contributory." Accidental drowning; Struck by railway train—acciture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: For vio-



on

(Month) (Day) (Year) if LESS than 1 day,.....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employar) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in fhe OF MOTHER of death ..... yrs. .... mos. ... State ..... yrs, ..... Where was disease contracted. 14 THE ABOVE IS TRUE TO if not af place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

18 DATE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No...

St.: Ward)

MEDICAL CERTIFICATE OF DEATH

(Month)

I HEREBY CERTIFY, That I attended deceased from

If death occurred in

a hospifal or institution.

give ifs NAME Instead of streef and number.]

(Day)

state Very pinous OCCUPATION PHYSICIANS RECORD 0 statement PERMANENT EXACTLY Exact classified. pe pino properly AGE supplied. pe O may certificate == of back terms. uo plain Instructions Information 0 I of Inf Item OF mportant. Every It m ż

3 SEX

TAGE

ENTS

AR

15

8 DATE OF BIRTH

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

MARRIED WIDOWEO.

(Write the word)

4 COLOR OR RACE

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). causing dearn, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second (a) Spinner, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATES State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrerral scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," -Kart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nast neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples:



V. S. No. 1.

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state very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in -Ward) a hospital or Institution, give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Moffth) (Dav ORDIVORCEO I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) 20 7 AGE It LESS than and that death occurred on the date stated above. 1 day .....hrs. OR ..... ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Ouration) which employed (or employer) -----Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ENT OF FATHER (State of country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death State \_ Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL (Address) 15 ADDRESS Filed REGISTRAN If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Mcasics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite discase can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



County monta-	CERTIFICATE OF DEATH
1 1	Registration Dist. No. 2/8
Village or Cityhear Gaithurs trong	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
*FULL NAME PEARL & Cayo	elettibelious of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale Calorac Single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
DATE OF BIRTH July Sile 1905	17 I HEREBY CERTIFY, That I attended deceased from 3/18 1914, to 4 - 4, 1914.
Month) (Day (Year)  AGE   It LESS than	that I last saw her alive on 4 9 ,1914
yrs. 7 mos 2 9 ds. OR min.?	and that death occurred on the date stated above, at 3.3 pm,  The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 20 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Frank Halrow	(Signed) 343 Draddry , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother Daisy Doy E.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  MO -	At place In the ot death yrs, mos, ds. State yrs, mos, ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) I rause provide	Former or usual residence
(Address) Gallies lung	Baya's Well apr 6, 1914
Filed Aul 4 19146, D. Etchum M. S.	a & Carlisle Gallyshy
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

4063

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (n) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctsis of lungs, meninges, peritonaeum, etc., Carcin-

cause (Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronie LENT DEATHS STORE MEANS OF INJURY and qualify us valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head Measles (disease causing death), 29 ds.; (Recommendations on statement of terminal conditions, such as "As "Exhaustlon, For vio-



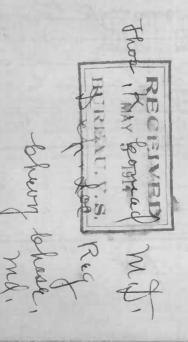
RECORD  PHYSICIANS should state of OCCUPATION is very		ge or City Chang Chase (No. 4.	CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution give its NAME instead of street and number.]
H . E		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING ERMANENT red EXACTLY.	3 SEX Ten	4 COLOR OR RACE SINGKE, MARRIED, Widowid Whote (Write the word)	16 DATE OF DEATH MONTH (Day (Year)
Z U B	6 DAT	E OF BIRTH  Month Day (Year)  (Month) (Day (Year)	that last saw h to alive on the last saw h to al
IS IS	7 AGE		and that death occurred on the date stated above, at 12 R. The CAUSE OF DEATH* was as follows:
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RESER UNFADING arefully supplicate.	9 BIRT	employed (or employer)  THPLACE tate or country)  Moreover the country of the cou	Gontributory Secondary (Gurafion) Ars mos
TH PE	ν <u>-</u>	NAME OF Julenown.  BIRTHPLACE	(Signed) A. Ouclair South M. A. (7, 1914 (Address) 1339 Cours
A F. Shot on ten	PARENT	OF FATHER (State or country) Seland  MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
E PLAINL		BIRTHPLACE OF MOTHER (State or country) Suland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, d
WRITING I		ormant)	Where was disease confracted, If not at place of death?  Former or usual residence.
S. No. 1.  B.—Every Itel GAUSE of	15 Flied	5/2 1914 John L. Lewis	nt Oliver Cemetry, DE ASS. 29, 1914.
Ŋ. N.	Pa	If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Baito., Requesting V. S. No. 1. C. Chase, md & full in State

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the nisease causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgmia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustlon," State cause for Never report



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PHYSICIANS should state of OCCUPATION is very certificate. 0 terms. 00 DEATH in plain See Instructions CAUSE OF Important. 1 ż

County

3 SEX

7 AGE

PARENTS

15

Village or City.

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or particular kind of work.

(b) General nature of Industry,

business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

which employed (or employer) .....

PLACE OF DEATH 4361	4
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5 SINGLE.

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(Day

BEST OF MY KNOWLEDGE

PERSONAL AND STATISTICAL PARTICULARS

(Month)

mos.

4 COLOR OR RACE

(No.....

(Year

If LESS

1 day....

OR .....mir

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Diet

(Buration) yrs. mos.  Contributory Secondary  (Buration) yrs. mos.	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
(Month) (Day (Year 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	MEDICAL CERTIFICATE OF I	DEATH
(Month) (Day (Year  I HEREBY CERTIFY, That I attended deceased fr  A 1917, to	16 DATE OF DEATH	57 1016
Contributory   Signed   Means of Injury; and (2) whether Accidentally State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accidentally State the Disease Causing Death, Institutions, Transien or Recent Residents   In the State of death?   In the State of Burial or Removal   In the State of Burial   In the State of Burial or Removal   In the State of Burial   In the State	(Month)	
And I last saw har alive on		, , ,
mod that death occurred on the date stated above, at		7/ 77
(Duration) / yrs. / mos.  Contributory Secondary  (Buration) / yrs. / mos.  *Signed) / *State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Acciding Tal, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Acciding tal, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Acciding the properties of Home of Ho	condensation to market the second to the sec	191.7.
(Duration) / yrs. / mos.  Contributory Secondary (Duration) / yrs. / mos.  (Duration) / yrs. / m	that I last saw har alive on which	1914
Contributory Secondary  (Buration)  (Burat		. 2
(Duration) / yrs. / mos.  Contributory Secondary  (Buration) / yrs. / mos.  Signed) / Address / Machine /		ove, at
Contributory Secondary  (Buration)  (Buration)  (Buration)  (Buration)  (Buration)  (Buration)  (Buration)  (Buration)  (Buration)  (Cause)  (State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (2) whether Acciding the Causes, state (3) whether Acciding the Causes of House Injury; and (2) whether Acciding the Causes of House Injury; and (2) whether Acciding the Causes of House Injury; and (3) whether Acciding the Causes of House Injury; and (2) whether Acciding the Causes of House Injury; and (3) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Inju	The CAUSE OF DEATH* was as follows:	1 .
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Contributory Secondary  (Buration)  yrs  mos  , M  *State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal.  *Blength of Residents)  In the OR Recent Residents  In the In t	one for the state of the state	
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Signed) (Buration) yrs. mos.  Signed) (Buration) yrs. mos.  *State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Acciding that, Suicidal, or Homicidal.  Blength of Residence (For Hospitals, Institutions, Transien or Recent Residents)  In the in the fideath yrs. mos. ds. State yrs. mos.  Where was disease contracted, find at place of death?  Former or usual residence.  Place of Burial or Removal Date of Burial  According to the first provided that th	(bulanun)	yrs/mos
Signed)		· 11 15 1.0
*State the DISEASE CAUSING DEATH, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (1) Means of Injury; and (2) whether Acciding the Causes, state (2) whether Acciding the Causes, state (2) whether Acciding the Causes, state (3) whether Acciding the Causes of Recent Residents (4) in the Causes of State (4) in the Causes of State (5) whether Acciding the Causes of Causes (5) whether Acciding the Causes (6) whether Accidin		
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciding that, Suicidal, or Homicidal.  *SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  In the of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, finot at place of death?  Former or usual residence.  *Place of Burial or Removal Date of Burial Acciding the state of the suicidence	(Duration)	yrsmos
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MENNS OF INJURY; and (2) whether Acciding the Causes, state (1) MENNS OF INJURY; and (2) whether Acciding the Causes, state (1) MENNS OF INJURY; and (2) whether Acciding the Causes, state (1) MENNS OF INJURY; and (2) whether Acciding the Causes, state (2) whether Acciding the Causes of Residents (3) In the Causes of Residents (4) In the Causes of State (5) In the Causes of State (5) In the Causes of State (6) In the Causes of State (7) In the Causes of	(Signed) ( A Herrican-	2 2 . ' "
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MENNS OF INJURY; and (2) whether Acciding the property of the pro	Chile in the contract of the c	
BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place In the In	(Address) Chiefer	46 (12st)
BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place In the In	*State the DISEASE CAUSING DEATH, or in	deaths from Viores
BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place In the In	CAUSES, state (1) MEANS OF INJURY; and	(2) whether Accide:
At place In the of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, f not at place of death?  Former or usual residence  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  A 4 4 4 191		
At place In the of death yrs. mos. ds. State yrs. mos. Where was disease contracted, f not at place of death?  Former or usual residence  PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  A 4 9 , 191	OF RECENT RESIDENCE (FOR HOSPITALS, IN	STITUTIONS, TRANSIENT
Where was disease contracted, f not at place of death?  Former or usual residence  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  A 4 9 , 191	At all a	
Where was disease contracted,  f not at place of death?  Former or  I sual residence  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  4 4 9, 191		yrs mos.
Former or isual residence.  PRIACE OF BURIAL OR REMOVAL DATE OF BURIAL  ACCRECATE A 4 4 9, 1914	Where was disease contracted,	
PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4 9, 191	If not at place of death?	0 a e g e g e g e g e g e e e e e e e e e
PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4-9-, 191	Former or	
Rockirle Md. 4-9-, 1914	usuai residence	0 00
	19 PLACE OF BURIAL OR REMOVAL D	ATE OF BURIAL
	NARBIOVO MIL.	1/ //
ADORESS .	20	
	UNDERTAKER	DORESS . A

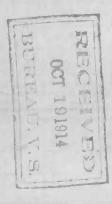


[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Furm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: nus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As affectiou need not be stated unless important. "Contributory." sepsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapsc," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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SEX  4 COLOR OR RACE  MARRIED, Margared On Divenced (Write the word)  5 DATE OF BIRTH  TAGE  1 I HEREBY CERTIFY. That I atter  (Month) (Day (Year)  TAGE  1 I LESS than 1 day, hrs. OR min.?  6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (Signed)  (Signed)  14 OATE OF DEATH  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Month) (I)  18 DATE OF DEATH  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Month) (I)  18 DATE OF DEATH  (Month) (I)  17 I HEREBY CERTIFY. That I atter  (Address) (Month) (I)  18 DATE OF DEATH  (Month) (I)  19 CAUSE OF DEATH  (Month) (I)  18 DATE OF DEATH  (Month) (I)  19 DATE OF DEATH  (Month) (I)  19 DATE OF DEATH  (Month) (I)  10 DATE OF DEATH  (Month) (I)  (Month) (I)  10 DATE OF DEATH  (Mont	ULL NAME Philip Aae	St.; Ward)  [If death a hospital give its % of street all
Male Golow (Write the word)  6 DATE OF BIRTH  (Month) (Day (Year)  7 AGE  (Month) (Day (Year)  1 HEREBY CERTIFY, That I atter that I last saw h. A. palive on A. parish and that death occurred on the date stated about the control of	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FATHER    If LESS than   1 day, hrs. or   1 day, hrs. or	Golorica (Write the word)	(Month) (Day  17 I HEREBY GERTIFY, That I attended dec
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  (Signed)  (Signed)  (Signed)  (Address)	If LESS to 1 day,t	and that death occurred on the date stated above, at
11 BIRTHPLACE (Signed) Column (Address) Police	work And	Contributory Gold and to Eagle Secondary
OF MOTHER	PLACE THER OF COUNTRY) DIRBROWN N NAME	(Signed) & Charact Quality (Address) & Character (Address) & Chara
13 BIRTHPLACE OF MOTHER In the	or country) Linknown	At place of death yrs. mos. ds. State yrs. where was disease contracted, if not at place of death?

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereuctesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH

	DIATE OF MARCIERIO
County Dronlgony	CERTIFICATE OF DEATH
	Registration Dist. No. 210
Village or City Goshen (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Whele Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h in allve on afra 22 ,1914
7 AGE  If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 10-30 P m The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Contributory Type (Buration) yrs. mos. ds Secondary (Buration)
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER OF MOTHER  Diver Limits Walnes	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)	Af place In the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, If not af place of death?  Former or usual residence.
(Address) Garthursburg PI + 1 16 Filed Graz 3, 1914 Topson	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Ofer 24, 1914  20 UNDERTAKER  ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MADVI AND

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, As examples: "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping eough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aeei-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



# N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 4066	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 2/14
Village or City Slego (No., 2FULL NAME Elizabeth A	St.; Ward)  [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Hhile Single, Mcdow of Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY, That Lettended deceased from
8 DATE OF BIRTH  AON 1 1448  (Month) (Day (Year)	that I last saw h. 19 alive on Abril 25. 1914
7 AGE  If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	(Duration) O yrs O mos / O ds.
which employed (or employer)  9 BIRTHPLACE (State or country)  2 Seland	Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER John Marterson	(Signed) It I grown, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Scatland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
(Informant) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
15 Filed April 1914 Sh. Togram	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, telanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inauition," "Marasture of the Americau Medical Association.) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origiu; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN S. No. 1.

	PLAGE OF DEATH	STATE OF MARYLAND
· ·	ounty twentogomen	CERTIFICATE OF DEATH
Co	Sunty	Registration Dist. No. 2/1
·Vi	iliage or City Parlesville (No	St.; Ward) [If death occurred a hospital or institution give its NAME insta
	2 FULL NAME Charles 10	https:// of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S E	MARRIED, / 10 AWLLO	16 DATE OF DEATH Why 28 1014
m	rale White (appropries (Write the word)	(Manth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased fro
3 0/	ATE OF BIRTH	mar 3/ 1914 to apr 28 191
	(Month) (Day) (Year)	that I last saw bis alive on afri 27 ,191
AG	GE If LESS than	and that death occurred on the date stated above, at
	74 yrs 2 mos 15° ds 0R min.?	The CAUSE OF DEATH * was as fallows:
(a)	Trade, profession, or the charit	Blodding
(b)	General nature of industry, Iness, or establishment in	(Burglian) was 5
whi	ich employed (or employer)	Contributory Coramo ma of Bladdy
(St	tate or country) Bredinch Co	and Brostale (Duration) Vrs 12 mos
	10 NAME OF Charles Tohlhore	(Signed) EW While M.
ITS	11 BIRTHPLACE OF FATHER (State or country)  Gerania	agra 24, 1913 (Address) Jordsvill
AREN	12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
۵	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the
14-	(State or country) / neous co	of death yrs mos ds. State yrs mos ( Where was disease contracted,
	(Informant) Tohlhare	If not at place of death?  Former or  usual residence.
	(Address) Pavlesville und	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	64.30 md 8 hotel. 1	20 UNDERTAKER ADDRESS
Fil	led afra 29, 1914 Ew While REGISTRAR	Hettoret Hall Porleville
	If more blanks are needed, address State Regis trar, 6	

STATE OF MARYLAND

PLACE OF DEATH 4067

[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-(oa) "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust j; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) muy be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. -Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Convuisions," "Debility" ("Con-"Dropsy," "Exhaustion," Never report Examples:



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Every item CAUSE OF important. S

DEATH in plain terms,

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(Address) .....

RECORD

PERMANENT stated EXACTLY. 1 PLACE OF DEATH

county mint gomes

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

Village or City June archard (No. 2FULL NAME CAMPUL C	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or RACE Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	18 DATE OF DEATH Child (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from the company of that I isst saw has alive on a full to the company of the co
	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work.  (b) Beneral nature of Industry, business, or establishment in which employed (or employer)	Carelad Serverlage  (Ouration) yrs mos // d
*BIRTHPLACE (State or country) may and	Gontributory Secondary  (Goration) yrs mos d
11 BIRTHPLACE Magnady  OF FATHER  (State or country)	(Signed) 6 7 Cat Indian M.
12 MAIDEN NAME OF MOTHER Dyslith Day  13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT: OR RECENT RESIDENTS)  At place  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos d  Where was disease contracted, If not at place of death?

I	OR RECENT RESIDENTS	CE (FOR HOSPITALS, INS	TITUTIONS, TRANSIENTS
	At place	In the	
I	of death yrs mos.	ds. State	yrs ds

usuai residence PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS Rochnil

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

Former or

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 2 1914

BUREAU. V.S.

PLACE OF DEATH 4069	STATE OF MARYLAND CERTIFICATE OF DEATH
County Montgomery	Registered No. 223
Village or City Lakoma Park (No. Cor. Ed	a mospital of institut
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Female White (Single, Widowed ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY GERTIFY, That Lattended descased from
6 DATE OF BIRTH  May  (Month)  (Day)  (Year)	that I last saw has alive on Puil 18 191
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Tuni lious apaemia
business, or establishment in which employed (or employer)	(Ouration) 2 yrs. mos. (Secondary)
(State or country) (Ingmia  10 NAME OF FATHER A HERRY Northern	(Signed) (Ouration) yrs mos.
OF FATHER (State or country) Virginia	State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE.
12 MAIDEN NAME Margaret Muse  13 BIRTHPLACE 13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place
OF MOTHER (State or country) (Orginia  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Informant) Mis 6.1) Suman (Address) Eastern & Roh lives Takong Park,	Former or usual residence
Filed for. 20, 1914 HER Lagues REGISTRAR	Proposition A.C., Sprul II., 191.  20 yndertaker Acciler Vono Balting M.
If more blanks are needed, address State Registrar, 6	- Continue / Ca

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of dear Name, first, the disease causing dearth (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conetc., when a dcfinlte disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustlon," \_\_ (name origin; "Can-Examples: ds.;



CERTIFICATE OF DEATH County Wouta SICIANS should occupation is Registration Dist. No. 22 [If death occurred in a hospital or Institution. RECORD give Its NAME Instead of street and number.] 5 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH classified. (Day) pe 7 AGE It LESS than and that death occurred on the date stated above, at 1. 45% m. 0 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: THI properly BOCCUPATION (a) Trade, profession, or INK particular kind of work..... supplied. (b) General nature of industry, business, or establishment in may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) certifica = that (Duration) 10 NAME OF FATHER ō back 11 BIRTHPLACE terms, ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. PARI 12 MAIDEN NAME information s
EATH in plain plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER ot death ...... yrs. ..... mos. ..... ds. State ...... yrs, \_.... mos. ..... ds Where was disease contracted. 14 THE ABOVE IS of i DEA If not at place of death? Former or Item OF usual residence CAUSE OF Important. 19 PEACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKE ADDRESS 8 ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

BINDING

MARGIN

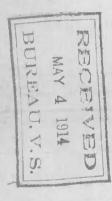
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iii-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla sopsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrement septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," genitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asusat neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Deblifty" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of \_\_ The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples:



3 SEX

TAGE

ARENTS

15

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 217 Tif death occurred in St .: ....Ward) a hospital or lostitution. give its NAME instead ot street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH . 191..... to that I last saw h..... alive on ..... (Month) (Day (Year) if LESS than and that death occurred on the date stated above, at..... 1 day, .....hrs. OR ..... nin. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. if not at place of death? Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

dutles of the household only (not paid Housekeepers it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for mallgoma, Sareoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; SUICIDAL, or HOMICIDAL, or as probably (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



V. S. No. 1.

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	RECORD	PHYSICIANS SHOOF OF OCCUPATION
יו מאומווי ארטיר טיי ארטיראליי ארטיראליי ארטיראליי ארטיראליי ארטיראליי ארטיראליי ארטיראליי ארטיראליי ארטיראליי	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. N. B. —

1 PLACE OF DEATH	131 STATE OF MARYLAND
9. ,-	CERTIFICATE OF DEATH
County Mondgomen	Registration Dist. No. 2/6
Village or City Lay bous will (No	St.; Ward)  [It death occurred is a hospital or institution, give its NAME instead of street end number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day (Year)
8 DATE OF BIRTH  (Month)  (Day (Year)	that I last saw h alive on Afra lat 1914
TAGE  If LESS than 1 day,hrs. OR min.?  **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at 12 m The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. d
10 NAME OF FATHER Thomas Ostlicord  11 BIRTHPLACE OF FATHER (State or country) Unknown	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME RE becca Laudou  13 BIRTHPLACE OF MOTHER (State or country)  With working	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Interment) E Price	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Laylons will Ind	Loy lons wille Cumbery Apr 3d , 1914

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," -Precise statement of occupa-"Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," ctc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lif death occurred in .Ward) a hospital or institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED. Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: mos. ds. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Ouration) which amployed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER (State or country)

1	At place	In the			
l	of death yrs mos ds.	State	yrs,	mos	ds
	Where was disease contracted,				
F	If not at place of death?				

Former or usuai residence.

ACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are eugaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Can injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For vio-



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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 220 If death occurred in -Ward) a hospital or institution, give its NAME Instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Day (Year) I HEREBY CERTIFY. That I attended deceased from (Year) 150 Mcues (Duration) Contributory Secondary

ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Dav 7 AGE It LESS than f day, .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) ..... (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) Former or usuai residence (Address) 15

PERSONAL AND STATISTICAL PARTICULARS

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4 COLOR OR RACE

PLACE OF DEATH

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

At place		In the			
ot death yrs mos	ds.	State	yrs,	mos.	ds
Where was disease contracted,					

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

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#### RECORD PERMANENT 4 UNFADING

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OF MOTHER (State or country)

14 THE ABOVE IS

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH WIDOWED, Trace (Month) (Day ORDIVORCED HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ( ARENT OF FATHER 4State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE

At place In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds Where was disease contracted.

If not at place of death?----

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If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Very CERTIFICATE OF DEATH Registration Dist. No. .....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCES Word) I HEREBY CERTIFY, That I attended deceased from ..., [9]....., to that I last saw h..... alive on ..... (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of industry, business, or establishment in (Duration) .... which amployed (or employer) -----9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER 0 terms, n back ARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af piace OF MOTHER (State or country) In the of death ...... yrs. .... mos. .... ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. if not at place of death? Former or usuai residence. mportant. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 2

STATE OF MARYLAND

Tif death occurred in

(Year)

a hospital or institution. give Its NAME instead of street and number.]

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DATE OF BURIAL

ADDRESS

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," As examples: The (6)

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If this certificate is looked over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.

SEP 1 1914

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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement A PERMANENT stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE esrefully supplied. may be Every Item of information should be esrefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. 1 ż

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 223

[It death occurred in a hospital or lostitution, give its NAME lostead of street and number.]

- I EROOMAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule White Single, Married Widoweb, Widoweb, Widoweb, Widoweb, Widoweb, Widoweb, Widoweb, Widoweb, With the Word)	16 DATE OF DEATH april 2, 191 4  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	Masch 1, 1914, to apr. 2, 1914, that I last saw ham alive on apr. 2, 1914.
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at 8.00 fm.  The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, protession, or particular kind of work  Oler f	Broken bondsenation
(b) General nature of Industry, business, or establishment in which employed (or employer)  Real Estate	(Duration) 2 yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) forest or sound	(Signed) (Duration) yrs mos ds.  (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  3 Letter 1 Alekan	10 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death? Former or
(Address) 235 maple are  16 Filed afor 3 1914 HEL ogen  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  COCK OFER OLM  20 UNDERTAKER  21. Draf Reg  Ref 14. M. M. M. M.
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freeman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for matigmia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scuile," etc.), "Dropsy," "Exbaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can "Contributory." scpsis, tctanus) may be stated under the head childbirth or miscarriage as "Puerperal septichue-"Heart failurc," "Haemorrhage," "Inanition," "Marasmerc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for For VIO-

